

PUBLIC ACCESS FOR COMPRESSED NATURAL GAS FUEL SITES
FUEL NETWORK USERS AGREEMENT

1. PARTIES TO THE AGREEMENT: Between the State of Utah, Department of Administrative Services, Division of Fleet Operations referred to as STATE and the following USER:

USER Name: _____ Phone Number: _____

USER Billing Address _____

_____ Email _____

SSN# _____ Driver License # _____ Exp _____

2. PURPOSE OF AGREEMENT: The purpose of this agreement is to provide electronic fuel dispensing and fleet card processing services to the USER at State Consolidated Compressed Natural Gas Network sites.
3. PERIOD OF AGREEMENT: Effective _____ and will continue until canceled by either party by giving the other party 15 days prior written notice. On termination of this agreement all payments will be processed for purchases made by USER through the date of termination.
4. PAYMENT PROCEDURES: USER will be billed monthly directly from FleetCor. The monthly billing and "Fuel Management Report" are the same document. USER agrees to pay the billing within 21 days of billing closing date. Nonpayment can cause the access cards to become "disabled" until payment is received.
5. USER ACCESS CARDS: Access cards for fuel purchases will be issued to USER for one per vehicle.
6. COSTS TO BE BILLED USER: Fuel at "state" locations will be at "rack plus delivery and administrative fee. This fee is established through public rate hearings and is based on the costs of managing the Network. The costs and rates are Public Information and will be made public.
7. OPERATING PROCEDURES: USER will use the NETWORK facilities in a responsible and safe manner and shall indemnify the STATE for damages caused by USER'S at a State Consolidated Network Site.
8. User agrees to give government vehicles priority fueling and will honor the preferred fueling hours at the University of Utah compressed natural gas fuel site. The preferred hours are: Monday – Friday 9AM – 1PM and after 8PM. All day Saturday and Sunday. No fueling during athletic and special events at the Jon Huntsman Special Events Center and Rice Eccles Stadium.

IN WITNESS WHEREOF, the parties sign and cause this agreement to be executed between the USER and the STATE on this date _____ .

USER

Authorized Representative

Type Name



IMPORTANT: For accuracy and faster completion of request, please make sure “all information” is filled out on this form.

Customer Name: _____ Email: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

CNG USER VEHICLE WORKSHEET

Vehicle Description Year/Make/Model	License Plate Number	Fuel Type	Tank Size	No. Fills - Day	# Fills per month.
		CNG			

CNG USER PIN WORKSHEET

Drivers License Number	Driver Last Name	Driver First Name	Assigned Pin number (assigned by system)

FAX (801) 538-1773

Mailing Address: State of Utah Fuel Network 4120 State Office Building, Salt Lake City, Utah 84114

Kathryn Anderson (801) 537-9292 Email: kathrynanderso@utah.gov

Karen Kraus (801) 538-3041 Email: karenkraus@utah.gov